



Stay in the Loop

Viral Hepatitis Education & Training

Partners Sharing Progress - January 2002

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Dear Partners:

The Division of Viral Hepatitis, National Center for Infectious Diseases, Centers for Disease Control and Prevention, has funded cooperative agreements with various organizations to test, disseminate, and evaluate viral hepatitis educational messages and to develop training programs for health professionals relative to the prevention and control of viral hepatitis. This letter, to which all partners contributed, will provide an overview of the partnering organizations, their projects, the objectives and educational tools that they are using to fulfill the terms of their cooperative agreements and progress toward completion of their objectives. Also included are the

contact persons for the various projects. The first name listed is the primary project contact.

National Association of County and City Health Officials (NACCHO)

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NACCHO's Annual Conference in June 2001 brought together directors of public health agencies from around the country as well as numerous federal partners. Project officer Bridgette Finkelstein facilitated a roundtable discussion on the integration of viral hepatitis prevention activities into existing public health infrastructure. Other infectious disease sessions included presentations on the CDC/HRSA Corrections demonstration projects and presentations on local public health agencies' role in working with communities funded by the Minority AIDS Initiative.

Regular communication with the NACCHO membership on hepatitis resources, federal funding and activity updates, and items of interest has been accomplished via our newsletters and website.

The five local public health agencies (LPHAs) funded to convene community-

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National Center for Infectious Diseases
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wide educational workshops on viral hepatitis completed their activities in October 2001. Grantees were as follows: Erie County (NY), Hanover County (VA), Hill County (MT), Lord Fairfax County (VA), and Seattle-King County (WA). Final reports were due to NACCHO on October 15, 2001 and will be disseminated to CDC in December. Overall, the sessions were well planned and executed. The content and target audiences varied by site, depending upon an informal needs assessment of the community. Health care professionals, outreach workers working with injection drug users, nurse practitioners, and primary care physicians were among those trained in viral hepatitis epidemiology, prevention, counseling messages, and referral.

Health Care Education & Training, Inc. (HCET)

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A limited number of hard copies of the report on the hepatitis training needs assessment are now available. The full report is available on-line at

<http://www.hcet.org>

HCET presented three sessions on viral hepatitis during the months of October and November 2001. The first of these was at the 15th Annual Michigan Family Planning Update, October 17-19, 2001, an event that is coordinated by HCET. As part of that conference, Rick Tooker, M.D. presented a workshop to 40 health professionals entitled, "Hepatitis A-E".

The second session involved a presentation on October 22nd and 23rd, 2001 at the Indiana Immunization

Regional Meetings. HCET developed a poster session highlighting hepatitis-training needs in Region V and VII and also provided information on viral hepatitis. At the third session, HCET delivered a workshop on hepatitis A, B, and C at the Ohio Primary Health Care Association's Clinical In-Service Day on November 9, 2001. This workshop included clinical information as well as a section on clients' perspectives on hepatitis. The client perspective was derived from information gathered during the seven on-site hepatitis surveys that were conducted by HCET during the month of September. Data gathered from the on-site surveys from both staff and clients will be available at the HCET website in December.

National Minority AIDS Council (NMAC)

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In conjunction with the Academy of Educational Development (AED), NMAC has been finalizing the information-gathering phase of *HepSmart* and will begin the materials-creation phase shortly. Within the past few months, we have been working on the following activities:

Discussion Groups

Following a successful and informative pilot study, NMAC and AED administered four discussion groups to determine effective means of communicating hepatitis prevention messages. AED coordinated two injection drug use (IDU) discussion groups. One was held on August 31, 2001, at Street Outreach Services, Inc. in Seattle, WA, and another on September 10, 2001, at New York City Harm

Reduction Educators. NMAC coordinated two men who have sex with men (MSM) discussion groups. One was held on October 23, 2001, at the El Rio Health Center in Tucson, AZ and the other at Health Education Resource Center in Baltimore, MD.

Literature Searches

Literature searches for previous research regarding IDUs or MSMs relative to hepatitis education have been completed, and we are working on a report that distills the common themes found in the literature.

Survey of Hepatitis Information

NMAC and AED have been conducting surveys of IDU and MSM organizations to determine existing hepatitis prevention materials aimed at IDUs and MSMs. The results are currently being compiled and additional efforts to obtain responses are underway to expand the scope of the survey.

Preliminary Observations

Throughout the information-gathering phase of *HepSmart*, we have found a continuing dearth of hepatitis publications and other prevention messages specifically targeted to both the IDU and MSM communities. In addition, few brochures and other materials depict people of color, and some of the few that show people of color emphasize negative stereotypes.

Within the next phase of the *HepSmart* project, NMAC and AED will seek to create materials that address some of these issues.

John Snow Research & Training Institute (JSI)

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The Organization has just completed a needs assessment with groups of health care providers in the family planning, primary care, rural health and migrant health settings. We are currently entering the data received from the needs assessment responses in SPSS for analysis. Once the data is analyzed, we will be able to determine and prioritize the greatest areas of need for each group of health care providers to target for training and information dissemination. About half of the data has been entered, and based on this, it appears that physicians and physician assistants are the largest group, with NPs and nurses next.

Simultaneously, we have been conducting a review of various viral hepatitis training curricula currently available to help us begin the process of developing a comprehensive curriculum to present to the each target group of health care providers. We have started working with an instructional designer and contacting subject matter experts to begin development of a training curriculum. The following is a draft of the proposed training outline.

Training materials should include: accurate and current information on hepatitis; clear risk reduction and client-centered behavior change message; appropriate cultural, sexual and age information.

Training materials should reflect:

- Clear goals and objectives.
- Objectives of Healthy People 2010.
- Training strategies outlined clearly.
- Variety of teaching methods.

Design format for Trainers:

- Trainer's guide
- PowerPoint presentation
- Other supporting materials

For Participants:

- Participants' guide/workbook
- Job aids
- Other supporting materials

Modules should include the following:

- a. General knowledge
 - Modes of transmission
 - Risk factors
 - Epidemiology
 - Natural history of viral hepatitis
- b. How to talk with patients about viral hepatitis
 - Education
 - Counseling
 - Prevention
- c. Treatment options for viral hepatitis
 - Vaccinations, including barriers to providing vaccines
 - Medical evaluation/screening
 - Follow-up and referral for viral hepatitis
 - Interpreting test results and other testing issues
- d. HCV/HIV Co-infection
- e. How to implement a program.
 - Screening issues/criteria.
 - Lab/testing issues.
 - Vaccination program.
 - Treatment/referral issues.

Parents of Kids with Infectious Diseases (PKIDS)

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Our project was to research and write a report on various forms of viral hepatitis and their effects on children, and on the

many side issues surrounding these diseases.

In the second half of the year we finished our interviews of pediatric hepatologists and related specialists and wrote drafts of all sections of the report. Our primary medical editor, Dr. Lynda Brady, several other pediatric specialists connected to PKIDS, and Linda Moyer at CDC, reviewed those drafts for technical and other errors.

The report was finished as of 28 September 2001. We begin layout and publishing of the report in October 2001. The report will be available in English as hard copy and for downloading through our website by the end of December 2001. We will send copies of the finished report to staff in the Hepatitis Division as our final progress report.

National Alliance of State and Territorial Aids Directors (NASTAD)

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Progress:

NASTAD has completed the formative research goals of the project. The information collected over the course of year one on viral hepatitis activities occurring in jurisdictions indicated that many HIV/AIDS programs were informed about viral hepatitis and were making programmatic changes to address viral hepatitis issues. In response, we have altered the structure of our products from

the initial three-module focus (education, information, and organizational assessment) to include multiple shorter modules to be released on a rolling basis, with topic priorities generated by discussions with HIV/AIDS directors.

The first module, which is completed, is a “start-up” module, designed for jurisdictions that have not begun addressing viral hepatitis integration. This module synthesizes a range of start-up activities, including identifying key stakeholders, developing a work group, collecting information on viral hepatitis (i.e. needs assessment), developing a plan on how to address viral hepatitis (i.e. strategic plan, white paper), and securing funding and legislation, into a single coherent module. The module includes profiles of jurisdictions that have begun integrating viral hepatitis into their existing HIV/AIDS program structures, and provides action steps for jurisdictions in the beginning stages of integration. Other modules under development include hepatitis counseling, testing and referral; hepatitis surveillance; and information on viral hepatitis for community planning groups (CPGs) and Ryan White planning groups.

The modules will be sent to HIV/AIDS programs as soon as they are completed. The first module will be disseminated to jurisdictions in a three-ring binder, with an appendix containing the completed annotated bibliography on viral hepatitis and HIV co-infection, and instructions on how to use the binder. Additional modules will be produced on three-hole punch paper, so that they can easily be inserted into the binder, and resources for the appendix (i.e. sample materials from jurisdictions) will be sent to jurisdictions as they become available.

NASTAD hired a Viral Hepatitis Program Manager, Laurie Schowalter, who began her tenure with NASTAD on June 27, 2001 and works with the NASTAD Executive Director and lead consultant on

all aspects of the cooperative agreement. She has also taken the lead of working with other CDC grantees and health departments.

NASTAD has created a section on viral hepatitis in the newly redesigned NASTAD website, including a page of “quick links to frequently requested information.” Other specific accomplishments are as follows:

- Presented a workshop entitled: “A Model for Coordination Between HIV/AIDS and Viral Hepatitis Programs” at the National Hepatitis’ Coordinators Conference.
- Interviewed hepatitis C coordinators and state AIDS directors about their respective viral hepatitis programs.
- Issued a special-theme edition of the monthly NASTAD HIV Prevention Bulletin (September 2001) focusing on the integration of viral hepatitis programs into existing HIV and STD programs.
- Completed a final draft of the NASTAD HIV Prevention Fact Sheet on viral hepatitis.
- Broadened the existing viral hepatitis work group into the NASTAD viral hepatitis advisory committee, to include state hepatitis C coordinators working closely with HIV/AIDS program directors.
- Submitted an abstract entitled: “Integrating Hepatitis C into the Community Planning Process” for the Community Planning Leadership Summit (pending approval).
- Administered an evaluation of year 1 project activities at the semi-annual NASTAD Executive Committee Meeting in October in Washington, DC.

American Liver Foundation (ALF)

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Project Description:

The ALF National Hepatitis C Integration Information and Education Project (Integration Project) is a continuing effort by ALF to provide HIV prevention educators, HIV/AIDS treatment providers and drug treatment providers with a basic understanding of hepatitis C. In year one of this continuing project, ALF developed a training manual that presents education messages and ways to integrate HCV information into HIV/AIDS and substance abuse treatment prevention/ education work. Year two of this project will focus on:

- distribution of the Hepatitis Integration Training Manual (HITM) to a wide audience;
- creation of co-infection patient education material and distribution as collateral material to accompany the training manual; and an
- update and distribution of *HepSource*, a National Directory of Hepatitis Information and Education Materials.

Objectives:

I. To design and distribute low literacy patient education material to health professionals and other direct service staff for use in prevention and education programs for high-risk populations.

II. To provide up to date information about hepatitis educational resources and to provide a practical tool to assist health professionals in locating resources for their population through the creation of a web based *HepSource*.

III. To build partnerships with national HIV/AIDS and substance abuse prevention, education and treatment organizations and to facilitate distribution of the integration training manual and patient education material to a large number of local organizations.

Expected Outcome:

At the end of this project, new patient education material will be developed and the Hepatitis Integration Training Manual and patient education material will be distributed to 1,000 agencies and organizations via our partnership with our integration collaborators. The *HepSource* Guide will also be updated and linked to the ALF Website.

ALF fully expects that the completion of the aforementioned activities will result in the adoption of strategies by participating organizations to integrate hepatitis prevention messages into HIV/AIDS and substance abuse prevention and education activities. The collaboration of ALF with organizations that service high-risk populations is essential in forging the integration of key educational messages related to hepatitis into HIV/AIDS and substance abuse prevention. Through this initiative, professionals and direct service staff at approximately 1,000 agencies and organizations will be better equipped to provide hepatitis information to their high risk clients.

Hepatitis Foundation International (HFI)

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Our *Partners in Liver Wellness* program is moving ahead with our CDC funded video entitled "The Invisible Threat" as part of the package. Coke, Lockheed Martin, GlaxoSmithKline, Home Depot and others are using the program internally.

There has been a great deal of media coverage regarding the identification of HCV-infected blood donors. Numerous media outlets such as CNN, Washington Post, APNews, Orlando Sentinel, and BBC have published excerpts of this issue. There have been many calls to HFI with subsequent physician referrals.

American Social Health Association (ASHA)

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Progress:

In Project Year One, ASHA conducted a Delphi technique process among 26 identified viral hepatitis experts to develop "core concept" messages to be included in all hepatitis educational interventions. ASHA then identified, collected, scored and ranked (using these core concepts) 405 brochures, fact sheets, Web resources and videos for health care providers, patients, and the general public. Finally, ASHA replicated a study conducted by the CDC in 1997 surveying STD Program Managers and STD Clinic

Managers regarding hepatitis integration initiatives. Data are being analyzed and findings will be published in 2002.

In Project Year Two, ASHA plans to adapt the process of determining core concepts to incorporate patients and health care providers. Once these processes are completed individually, core concepts from expert panel members, health care providers, and patients will be collapsed and "comprehensive core concepts" established. Using the new comprehensive core concepts, ASHA will re-score high-ranking educational interventions from Project Year One as well as any newly developed interventions identified in Project Year Two and establish recommendations on "gold-standard" interventions. ASHA will also continue to follow up among some 350 non-responding managers to the hepatitis integration replication survey. Finally, through literature reviews and key informant interviews, ASHA will assess the preferred health education intervention media for health care providers. ASHA will publish findings and implications through out the course of the year and present research at national conferences.

National Commission on Correctional Health Care (NCCHC)

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NCCHC recently held their national meeting in Albuquerque, NM. The hepatitis curricula for inmates and correctional officers were presented. Subsequently, both curricula have been reviewed by CDC and comments offered. Printing of both curricula is planned for 2002.

Immunization Action Coalition (IAC)

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IAC reports progress on each of its objectives as follows:

Objective 1:

Create and distribute Hepatitis Prevention Training Packets to train staff in traditional and non-traditional health care delivery settings on how to become vaccine service providers with a special focus on hepatitis A, B, and C prevention.

Progress:

“How to Provide Immunization Services: Focus on Hepatitis Prevention” training packets have been offered to Planned Parenthood clinics, family planning clinics including federal Title X clinics, gay men’s health clinics, college health services, Health Care for the Homeless clinics, and other high-risk settings. At the time of this report, IAC has received 373 requests for kits from these providers. In addition, the American College of Obstetricians and Gynecologists (ACOG) has offered to purchase and mail 255 kits to their residency programs.

Several new pieces were developed by IAC for use in this kit:

- Hepatitis A, B & C: Know the Difference
- Hepatitis C Coordinators Page
- Checklist for Safe Vaccine Storage and Handling
- Table of U.S. Vaccine Products
- Do I Need Any Immunizations Today?
- Immunization During Pregnancy

Other sections include already-developed IAC and CDC materials as well as materials from state and local health departments. The kit is still in the process of being formatted prior to printing and will be shipped to clinics by the end of the year.

Objective 2:

Develop and distribute a new 8-page immunization publication for obstetricians/gynecologists.

Progress:

IAC has developed an 8-page publication (formatted similarly to VACCINATE ADULTS!) containing hepatitis prevention information relevant to the health care of sexually active women. We anticipate printing VACCINATE WOMEN in November 2001, and it will be mailed to approximately 30,000 OB/GYNs and 5,000 OB/GYN physicians-in-training.

Dr. Ralph Hale, executive vice-president of the ACOG, has offered to print and distribute this publication to all ACOG members along with a letter of support.

Objective 3:

Develop and distribute one-page risk screening questionnaires for hepatitis A, B, and C in English and Spanish.

Progress:

The English language versions of these three risk screening questionnaires, *Are You at Risk for Hepatitis A?*, *Are You at Risk for Hepatitis B?*, and *Are You at Risk for Hepatitis C?*, were developed during the first six months of the grant period. They are available on both IAC websites: www.immunize.org and at www.hepprograms.org. These can also be ordered as print copies. During a six-month period, copies of these questionnaires were distributed by the following means:

IAC Screening Questionnaires

Document	Via NEEDLE TIPS	Via VACCINATE ADULTS!	Viewed on web (HTML)	Downloaded from web (PDF)	TOTAL
<i>Are You at Risk for Hepatitis A?</i>	210,000	160,000	1,828	1,826	373,654
<i>Are You at Risk for Hepatitis B?</i>	210,000	160,000	2,783	2,060	374,843
<i>Are You at Risk for Hepatitis C?</i>	210,000	160,000	1,653	1,715	373,368

Spanish language versions were completed in September 2001, and available online in October 2001.

Are You at Risk for Hepatitis A?, *Are You at Risk for Hepatitis B?*, and *Are You at Risk for Hepatitis C?* are available in Turkish as well, thanks to the volunteer efforts of Dr. Mustafa Kozanoglu, pediatrician, and Dr. Murat Serbest, pediatric hematologist, both in a private pediatric practice in Adana, Turkey, who generously provided the translations.

Objective 4:

Develop a new website to showcase programs across the United States that work to prevent hepatitis A, B, or C in people who are at risk for infection.

Progress:

The new website was officially launched on March 30, 2001. In the six-month period that followed, IAC worked hard to promote the website to those for whom it might benefit, and

to add new information to the site. At the end of the last reporting period (March 31, 2001), www.hepprograms.org featured 32 programs in six categories. At the end of this reporting period, the website features 53 programs in nine categories. In addition, IAC added 31 links to related resources during this six-month period.

Coalition consultant, Dr. Teresa Anderson, presented “Developing a Website to Showcase Successful High-Risk Hepatitis Programs” as part of workshops at both the National Immunization Conference and the Hepatitis Coordinators’ Conference. This presentation helped promote the website to whom it would be of interest. Dr. Anderson also actively sought out new programs to feature during these conferences. The number of health and social service professionals using this site has grown as evidenced by the following chart:

Data From Monthly Web Reports

Month	April 2001	May 2001	June 2001	July 2001	Aug 2001	Sept 2001	TOTAL
# Visitors	1,901	2,366	2,263	2,856	3,637	2,983	16,006
# Of pages viewed	4,089	4,826	3,385	6,880	7,644	5,817	32,641
# Of “hits”	12,407	13,589	11,189	15,603	16,202	15,032	84,022
Avg visitors/day	63	76	75	92	117	99	87

The categories of programs, number of programs, and number of links to related resources in each category are listed below (a program may be listed under more than one section, thus the total here exceeds the count of 53 unique programs).

High-risk category	# Programs	# Resource links
Programs for men who have sex with men (MSM)	21	14
Sexually transmitted disease (STD) clinics	17	8
Family planning clinics	3	6
Drug treatment and needle exchange programs	12	18
Juvenile corrections facilities	6	14
Adult corrections facilities	7	13
School-based programs for adolescents	3	6
Programs for Asian Pacific Islander Americans	1	15
Programs for other populations at risk	3	4

Other Hepatitis-Related Activities during 4/1/01-9/30/01:

- IAC developed 19 new educational pieces for providers and the public that are available on our websites.
- The Coalition's listserv, IAC EXPRESS, published 35 issues with 13,744 subscribers on Sept 30.
- IAC attended the NIC in Atlanta. Dr. Anderson had a workshop and we demonstrated IAC's websites.
- Dr. Wexler and Ms. Bahta attended the ACIP meeting in Atlanta in June 2001.
- IAC co-sponsored, planned, participated in the National Hepatitis Coordinators' Conference in Richmond.

- Ms. Tangonan participated in the "National Task Force of Hepatitis B Immunization, Focus on Asians and Pacific Islanders" conference calls.
- Dr. Wexler assisted the Asian Pacific American Medical Students Association (APAMSA) several times by providing support, ideas, and resources.

Respectfully submitted
Lin Moyer
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DVH, CDC